## PresidentDowngrade.com 610 S. Boulevard Tampa, FL 33606

RECEIVED

2011 NOV 18 AM 11: 20 FEC MAIL CENTER

November 17, 2011

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization – Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures and, consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in *SpeechNow v. FEC*, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Nancy H. Watkins

Treasurer

FEC

## STATEMENT OF

RECEIVED 7 2011 NOV 18 AM 11: 20

FORM 1	•	ORGANIZ	AIIC		71	FEGINA UNICENTER
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)		mple:If typing, type the lines.	12FE41	केम्या राष्ट्रीत अन्तर्भीत्वका अन्तिमाञ्चाली -
President	owngrac	lę.com	<del>1.1.1.</del>	<u> </u>		
ADDRESS (number at	nd street) [6]	10 S. Boulev	ard		<u> </u>	
(Check if ac is changed)		ampa			FL	33606
· .			CITY		STATE	ZIP CODE
COMMITTEE'S E-MA  (Check if is change	address [n]	ease provide only one e watkins@ro	_			
COMMITTEE'S WEB  (Check if is change)	address W	, ,	ŋţdo	wngrade,cor	n 	
<ol> <li>DATE 11</li> <li>FEC IDENTIFIC</li> </ol>	ATION NUMBE	goddina a	en e	and a single state of the		COPY
4. IS THIS STATEM	MENT X	NEW (N) OR		AMENDED (A)		
I certify that I have e	N	Nancy H. Wa		knowledge and belief it	is true, cori	rect and complete.
Signature of Treasure	or Mark	D. Wilking	)		Date 3	1'; (16') (2011
NOTE: Submission of				oject the person signing to		t to the penalties of 2 U.S.C. §437g
Office Use Only				For further information confederal Election Commission Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

F	FEC F	form 1 (Revised 02/2009)	Page 2		
TYPE	OF	COMMITTEE	. ugv E		
Can	didat	te Committee:			
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)			
(b)	Ц	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.)	the candidate		
Name Candi					
Candi Party	idate Affilia	tion Sought: House Senate President	State District		
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name Candi					
Party	y Coi	mmittee:			
(d)		9 8 '	nocratic, ublican, etc.) Party.		
Politi	ical A	Action Committee (PAC):			
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ed organization is a:		
		Corporation Corporation w/o Capital Stock La	bor Organization		
			operative		
		In addition, this committee is a Lobbyist/Registrant PAC.			
(f)	$\boxtimes$	This committee supports/opposes more than one Federal candidate, and is NOT a separate segreg committee. (i.e., nonconnected committee)	ated fund or party		
	In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
Joint	Fund	draising Representative:			
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political		
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political		
	Com	nmittees Participating in Joint Fundraiser			
			and the second of the second o		
	1.	Some distances in the control of the			
	2.	FEC ID number			
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	4.		mangan ng man na maga in n S		

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Write or Type Committee Na		
PresidentDowr	ngrade.com	
6. Name of Any Connected	d Organization, Affiliated Committee, Joint Fundraising Representative, or I	Leadership PAC Sponsor
None	<u> </u>	
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
7. Custodian of Records: le books and records.	dentify by name, address (phone number optional) and position of the perso	n in possession of committee
Full Name  Mailing Address	cy H. Watkins  [6,10 S. Boulevard  L. L	33606
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number [813]	[254,
8. Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the committee; and address treasurer).	the name and address of
Full Name of Treasurer  Mailing Address	cy H. Watkins 1610 Ş. Boulevard	
		33606 ]-[ , , , , , , , , , , , , , , , , , , ,
Title or Position  Treasurer	Telephone number [813]	2543369

9.

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Full Name of Designated Agent Rober	t,I.,Watkins				
Mailing Address	[610 S. Boulevard	<del></del>			
·					
	[Татра	FL STATE	23606 ZIP CODE		
Title or Position [Assistant Treasure	Telephone nur	mber 81	3,  -  254,  -  3369,		
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.					
The B	ank of Tampa	<u> </u>			
Mailing Address	[P, Q.,Bpx 1 , , , , , , , , , , , , , , , , , ,	<del></del>			
•	[Таṃра	FL	33601		
	CITY	STATE	ZIP CODE		
Name of Bank, Depository,	elc.	·			
Mailing Address					
		بــا	<u> </u>		
	CITY	STATE	ZIP CODE		

(3/2005)

## **Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation<sup>™</sup> or Signature Confirmation<sup>™</sup> Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Red Ex Overnight Delivery Service (Specify): 11/17/11 Next Business Day Delivery **Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): **PREPARER**